

# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

LEAKING UNDERGROUND STORAGE TANK SECTION  
 INITIAL INCIDENT FACSIMILE COVER SHEET  
 100 NORTH SENATE AVENUE  
 P.O. BOX 7015  
 INDIANAPOLIS, INDIANA 46207-7015

**IF EMERGENCY CONDITIONS EXIST AT THE SITE, YOU MUST CONTACT THE 24-HOUR  
 EMERGENCY RESPONSE NUMBER AT (317) 233-7745 TO REPORT THE RELEASE.**

TO:ENVIRONMENTAL SCIENTIST III	FAX NO.: (317) 234 -0428
OFFICE/SECTION:OLQ/LUST	TELEPHONE NO.: (317) 232-8900

COMPANY NAME:	
ADDRESS:	
FROM:	NUMBER OF PAGES: 2
TELEPHONE NO.: (     )     -	FAX NO.: (     )     -

Upon receipt of your faxed form, our office will contact you within two business days. We will provide you with an incident number and a site priority ranking. We may request further information that more accurately describes site conditions. If we do not contact you within the allotted time frame, please call our office directly. Please fill out this form completely.

THIS INCIDENT REPORT WILL BE CONSIDERED VALID  
 WHEN YOU HAVE BEEN CONTACTED BY OUR OFFICE.

**YOUR REPORT SUBMITTAL COMPLIANCE SCHEDULE BEGINS  
 WITH THIS INITIAL NOTIFICATION.**

SIGNATURE: \_\_\_\_\_

**INITIAL INCIDENT REPORT  
LEAKING UNDERGROUND STORAGE TANK PROGRAM  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**LUST INCIDENT NO.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**PRIORITY RANKING:** **LOW** **MEDIUM** **HIGH**

**FACILITY NAME:** \_\_\_\_\_ **FACILITY I.D. NO.:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **TELEPHONE NO.:** ( ) - \_\_\_\_\_

**RESPONSIBLE PARTY:** \_\_\_\_\_ **OWNER I.D. NO.:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**CONTACT PERSON:** \_\_\_\_\_ **TELEPHONE NO.:** ( ) - \_\_\_\_\_

**REPORTED BY:** \_\_\_\_\_ **COMPANY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**TELEPHONE NO.:** ( ) - \_\_\_\_\_ **Ext.:** \_\_\_\_\_

**TANK SIZE: CONTAMINANT (check one):**

____GALLONS	GAS <input type="checkbox"/>	KEROSENE <input type="checkbox"/>	JET FUEL <input type="checkbox"/>	DIESEL <input type="checkbox"/>	WASTE OIL <input type="checkbox"/>	VIRGIN OIL <input type="checkbox"/>	HZD _____
____GALLONS	GAS <input type="checkbox"/>	KEROSENE <input type="checkbox"/>	JET FUEL <input type="checkbox"/>	DIESEL <input type="checkbox"/>	WASTE OIL <input type="checkbox"/>	VIRGIN OIL <input type="checkbox"/>	HZD _____
____GALLONS	GAS <input type="checkbox"/>	KEROSENE <input type="checkbox"/>	JET FUEL <input type="checkbox"/>	DIESEL <input type="checkbox"/>	WASTE OIL <input type="checkbox"/>	VIRGIN OIL <input type="checkbox"/>	HZD _____
____GALLONS	GAS <input type="checkbox"/>	KEROSENE <input type="checkbox"/>	JET FUEL <input type="checkbox"/>	DIESEL <input type="checkbox"/>	WASTE OIL <input type="checkbox"/>	VIRGIN OIL <input type="checkbox"/>	HZD _____
____GALLONS	GAS <input type="checkbox"/>	KEROSENE <input type="checkbox"/>	JET FUEL <input type="checkbox"/>	DIESEL <input type="checkbox"/>	WASTE OIL <input type="checkbox"/>	VIRGIN OIL <input type="checkbox"/>	HZD _____

**LOCATION OF RELEASE(S):**

- ☐ TANK      ☐ PIPING LINE      ☐ JOINT CONNECTIONS      ☐ PUMP ISLAND  
☐ OTHER: \_\_\_\_\_

**KNOWLEDGE OF RELEASE(S) BY:**

- ☐ FAILED TIGHTNESS TEST      ☐ INVENTORY LOSS (\_\_\_\_ gallons)      ☐ DURING UST CLOSURE  
☐ CATASTROPHIC SPILL (estimated quantity lost: \_\_\_\_\_ gallons)      ☐ LONG-TERM OVERFILL  
☐ OTHER: \_\_\_\_\_

**AFFECTED AREA(S):**

- ☐ NATURAL SOIL  
    ☐ BACKFILL (\_\_\_\_cubic yards)      ☐ HIGHEST SAMPLE RESULT: COC \_\_\_\_\_ ppb  
    ☐ DOMINANT SOIL TEXTURE: \_\_\_\_\_ ☐ UNKNOWN  
☐ GROUNDWATER  
    ☐ WATER TABLE DEPTH (\_\_\_\_feet below grade)  
    ☐ HIGHEST LAB SAMPLE RESULT: B \_\_\_\_\_ T \_\_\_\_\_ E \_\_\_\_\_ X \_\_\_\_\_ MTBE \_\_\_\_\_ ppb

	Yes	No		Yes	No
DRINKING WATER AFFECTED	<input type="radio"/>	<input type="radio"/>	UTILITY LINES AFFECTED	<input type="radio"/>	<input type="radio"/>
GEOLOGICALLY SUSCEPTIBLE ARE	<input type="radio"/>	<input type="radio"/>	WELLHEAD PROTECTION ARE	<input type="radio"/>	<input type="radio"/>
VAPORS IN INHABITABLE BUILDING	<input type="radio"/>	<input type="radio"/>			
FREE PRODUCT ( _____ inches/feet thick )	<input type="radio"/>	<input type="radio"/>			
ECOLOGICALLY SUSCEPTIBLE ARE	<input type="radio"/>	<input type="radio"/>			

## 20-DAY ABATEMENT REPORT

SITE NAME: \_\_\_\_\_ UST FACILITY I.D. NO. \_\_\_\_\_

CONTACT PERSON OR GROUP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

CURRENT OWNER OR OPERATOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

PAST OWNER OR OPERATOR NAME(S) (to extent practicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

### SITE INFORMATION

TYPE OF FACILITY: \_\_\_\_\_

DESCRIPTION OF PAST AND CURRENT OPERATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BRIEF SUMMARY OF SITE OWNERSHIP AND OPERATIONAL HISTORY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OVERVIEW OF INITIAL CONTAMINATION DISCOVERY: \_\_\_\_\_

SPILL HISTORY AND PREVIOUS INVESTIGATIONS: \_\_\_\_\_

\_\_\_\_\_

### TANK INFORMATION

\_\_\_\_\_ Gallons Construction Material: \_\_\_\_\_ Leak Detection: \_\_\_\_\_ Age: \_\_\_\_\_

Installation Date: \_\_\_\_\_ Past Contents: \_\_\_\_\_ Present Contents: \_\_\_\_\_

\_\_\_\_\_ Gallons Construction Material: \_\_\_\_\_ Leak Detection: \_\_\_\_\_ Age: \_\_\_\_\_

Installation Date: \_\_\_\_\_ Past Contents: \_\_\_\_\_ Present Contents: \_\_\_\_\_

**ATTACH SHEET(S) AS NECESSARY. RECORDS OF MOST RECENT TIGHTNESS TEST RESULTS, INVENTORY RECORDS, AND TANK GAUGING RECORDS FOR THE PAST CALENDAR YEAR SHOULD BE ATTACHED.**

## FREE PRODUCT REMOVAL REPORT

SITE NAME: \_\_\_\_\_ UST FACILITY I.D. NO.: \_\_\_\_\_

CONTACT PERSON OR GROUP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

CURRENT OWNER OR OPERATOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

PAST OWNER OR OPERATOR NAME(S) (to extent practicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR PRODUCT REMOVAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

## OBSERVED PRODUCT INFORMATION

ESTIMATED QUANTITY: \_\_\_\_\_ TYPE: \_\_\_\_\_ THICKNESS: \_\_\_\_\_

DETAILED DESCRIPTIONS OF IMMEDIATE ACTIONS TAKEN TO PREVENT ANY FURTHER RELEASE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEASURES TAKEN TO PREVENT FURTHER MIGRATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTIONS TAKEN TO IDENTIFY AND MITIGATE FIRE AND EXPLOSION HAZARDS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTIONS TAKEN TO INVESTIGATE FREE PRODUCT RELEASE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF FREE PRODUCT RECOVERY SYSTEM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINAL DISPOSITION OF RECOVERED FREE PRODUCT: \_\_\_\_\_  
\_\_\_\_\_

COPIES OF ALL PERMITS FROM LOCAL, STATE, AND FEDERAL AGENCIES FOR HANDLING, TREATING, DISCHARGING, AND DISPOSING OF THE FREE PRODUCT MUST BE ATTACHED.

## CORRECTIVE ACTION PROGRESS REPORT

FACILITY NAME: \_\_\_\_\_ FACILITY I.D. NO.: \_\_\_\_\_  
IDEM PROJECT MANAGER: \_\_\_\_\_ INCIDENT NO.: \_\_\_\_\_

CONSULTANT COMPANY: \_\_\_\_\_  
CONSULTANT NAME AND SIGNATURE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

### SUBMITTAL DEADLINES (FOR OFFICE USE ONLY)

CURRENT REPORTING TYPE: ☐ QUARTER ☐ FINAL

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

REPORTING PERIOD	DUE DATE	REPORTING PERIOD	DUE DATE
<input type="checkbox"/> January 1st-March 31st	April 30th	<input type="checkbox"/> April 1-June 30th	July 31st
<input type="checkbox"/> July 1-September 30th	October 31st	<input type="checkbox"/> October 1-December 31st	January 31st

### SITE INFORMATION

CONTAMINANT(S):

☐ GASOLINE ☐ VIRGIN HYDROCARBON OIL ☐ WASTE OIL  
☐ HIGH-END LIQUID HYDROCARBON FUEL (KEROSENE, JET FUEL, DIESEL, ETC.)  
☐ HAZARDOUS: CAS NO. \_\_\_\_\_  
☐ MTBE

SELECTED CORRECTIVE ACTION FOR: ☐ SOIL ☐ GROUNDWATER

☐ VAPOR EXTRACTION ☐ LAND FARM ☐ PUMP AND TREAT  
☐ AIR SPARGING ☐ BIOREMEDIATION ☐ STABILITY MONITORING  
☐ MONITORED NATURAL ATTENUATION  
☐ OTHER: \_\_\_\_\_

### VOLUME TREATED

	<u>Current Quarter</u>		<u>Cumulative Annual Total</u>
Free Product	_____	gallons	_____
Groundwater	_____	gallons	_____
Soil	_____	cubic yards	_____
Soil to Landfill	_____	cubic yards	_____
Est. Vocs	_____	pounds	_____

### CONTAMINATION CONCENTRATION MONITORING

Please fill in the lettered rows with the appropriate petroleum or hazardous constituent name(s). Fill in the "sample I.D." column with abbreviated monitoring well numbers (such as "MW-1") and soil boring numbers (such as "SB-1"). Please list the three highest contaminant levels only. Additional sampling information may be requested.

SOIL:

Sample I.D.	Units	A _____	B _____	C _____	D _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

GROUNDWATER:

Sample I.D.	Units	A _____	B _____	C _____	D _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____